

OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501 HELENA MT 59620-2501 www.opi.mt.gov (406) 444-3095 (888) 231-9393 (406) 444-0169 (TTY)

Linda McCulloch Superintendent

Hallmark/Westland Ground Beef **Destruction Verification and Reimbursement Form**

Name of School District/RCCI

Commodity		Number of Cases Destroyed	Destruction Method	
Hallmark/Westlan Ground Beef	d A608			
Kings Command I Charbroiled Beef I S12630SP				
Breaded Beef Stea S1214030	ıks			
With more than s	50 cases, you	ur local sanitarian M	JST be a witness of the	disposal of thes
Witnesses	Print Name		Signature	Date Destruction Observed
Witness 1				
Witness 2				
expenses include	transportat	be Reimbursed (allowion and landfill costs) panying receipts.		Total Cos
Brief Description	transportat	ion and landfill costs)		Total Cos

How to dispose of 50 cases or less of recalled products

You are authorized immediately to destroy on-site 50 or fewer cases of USDA-purchased Hallmark/Westland fine grind ground beef. These products must be rendered unfit for human consumption according to destruction guidance from your state or local health authority.

- Destruction must be witnessed by a person of authority (such as a food service director), and one other person.
- Each witness must sign the destruction verification form. The type of product, quantity, and destruction method must be noted on the Destruction Verification Form.

With fewer than 50 cases, please contact your local sanitarian if you have questions about proper disposal of these products.

How to dispose of more than 50 cases

More than 50 cases (but less than a truckload) of product must be taken to a landfill, incinerated, or sent for inedible rendering.

- Destruction of these larger quantities must be witnessed by a representative of the local health department and an official from the landfill, incineration plant, or rendering plant.
- The destruction verification form must be signed by these two witnesses. The type of product, quantity, and destruction method must be noted on the Destruction Verification Form.

Return this form and attach all original bills/receipts for costs incurred to School Nutrition Programs, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501 by **March 20, 2008.**